PART B-ISSUE FEE TRANSMITTAL

| WALLEY AND THE TOUGHT ON THE | | | | | | , | | | | | | | | | | | | | |
|---|--|--|-----------|--|---|--|-----------------------------|---------------|--|-------------------------|--|-------------|----|--|--|---------|------|----------|-------------|
| MAILING INSTRUCTIONS: This finctuding the issue Fee Receipt, the by: (a) specifying a new correspondent of issue Fee or thereafter. See reverse | Patent, advance orders a ce address in Block 3 belo | nd notification of bw; or (b) providing | mainte | enance fees wi | hhe of belism ed Ili | resses e. | ed in Rice | v 1 unlee | futher correspondents you direct otherwise ations with the payme | | | | | | | | | | |
| Under the Paperwork Reduction Act of | • | | a collect | tion of information | on unless it displays | a valid ON | 18 control nu | nber. | | | | | | | | | | | |
| Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, | | | | | INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME | | | | | | | | | | | | | | |
| | | | | | | | | | | Washington, D.C. 20231. | | • | | | Street Address | | | | |
| DO NOT SEND FEES OR COMPLETE | | | | | | | | | | | | | | | | | | | |
| Assistant Commissioner for Patents, Washington D.C. 20231 | | | | | City, State and Zip Code | | | | | | | | | | | | | | |
| 1. CORRESPONDENCE AND RESCUES COPY ** | | | | | CO-INVENTOR'S NAME | | | | | | | | | | | | | | |
| LEOPOLD PRESSER SCULLY SCOTT MURPHY AND PRESSER 400 GARDEN CITY PLAZA GARDEN CITY NY 11530 | | | | | Street Address City, State and Zip Code | | | | | | | | | | | | | | |
| | | | | | | | | | | GARDEN CIT | Check if additional changes are enclosed | | | | | | | | |
| | | | | | | | | | | Ţ | | | | | Check it additional changes are enclosed | | | | |
| | | | | | | | | | | APPLICATION NO. | FILING DATE | TOTAL CLAIM | MS | | EXAMINER AND GR | OUP ART | UNIT | <u> </u> | DATE MAILED |
| | <u>-</u> | | | | | | | | DATE HAILED | | | | | | | | | | |
| 08/742,080 | 10/21/06 | 04.0 | | O7 . O.O. | | | | | | | | | | | | | | | |
| | 10/31/96 | 019 | | GLASS, | , <u>M</u> | | | <u> 1.501</u> | 09/09/97 | | | | | | | | | | |
| First Named Applicant WIRTH, | | M | IA DV | . | | | | | | | | | | | | | | | |
| | | (7) | IARY | <u>J</u> | | | | | | | | | | | | | | | |
| TITLE OF INVENTION PRODUCTS HA | VINC MITTER | D CHDOM | T 100 11 | MED 201 | | | | | | | | | | | | | | | |
| TRODUCTO HA | VING MULTIPI | rg-subst | TTU | TRD BOT | JYSILOXANI | 3 MON | OLAYRI | ₹ | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | r | | | | | | | | | | | | | | | | | |
| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | AP | PLN. TYPE | SMALL ENTITY | F | EE DUE | | DATE DUE | | | | | | | | | | |
| 1 8514ZYA | 428-39 | 1 000 | R38 | דייוו פ | LITY | /RC | 3 | <u></u> | 40.400.40 | | | | | | | | | | |
| | | 1.000 | | | . La.L. L. X. J | (ES | \$5 | 00 | 12/09/97 | | | | | | | | | | |
| 3. Correspondence address change (Cor | inplete only if there is a cha | nge) | | | g on the patent front | | | ر ان د. د. | | | | | | | | | | | |
| | | | | | | he names of not more than d patent attorneys or agents | | | | | | | | | | | | | |
| /01/1997 CASHBY 00000103 DAH:193886 08742080: OR, alternating as a attorney or | | | | | a member a registered 2 Murphy & Presser | | | | | | | | | | | | | | |
| | | | | | a member a registere | | 2 Murr | niy & i | Presser | | | | | | | | | | |
| | | | | | r agent. If no name is vill be printed. | iistea, | | | | | | | | | | | | | |
| · | | | | | | | 3 | | | | | | | | | | | | |
| 5. ASSIGNMENT DATA TO BE PRINTED ON T | HE PATENT (print or type) | | | <u>. </u> | | | | | ···· | | | | | | | | | | |
| (1) NAME OF ASSIGNEE: | | | | | Co. The fellowing from | | - 4 | | | | | | | | | | | | |
| Research Corporation | _Technologies. | Inc. | | | 6a. The following fees Issue Fee | G | | of Conies | 10 | | | | | | | | | | |
| (2) ADDRESS: (CITY & STATE OR COUNTR | | | | Sb. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 19-3886 | | | | | | | | | | | | | | | |
| Tucson, Arizona 85 | | | | | | | | -3886 | · | | | | | | | | | | |
| • | | | | | (ENCLOSE A CO | | S FORM) ance Order - # (| d Carles | 10 | | | | | | | | | | |
| A. This application is NOT assigned. | | | | | Any Deficienc | | | n Copies | | | | | | | | | | | |
| Assignment previously submitted to the Patent and Trademark Office. | | | | | | | | CMADICO: | | | | | | | | | | | |
| Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been perviously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. | | | | | The COMMISSIONER requested to apply the | | | | | | | | | | | | | | |
| | | | | | (Authorized Signature) | | | | | | | | | | | | | | |
| | | | | | NOTE: The leave For | 10 K | all 1 | NLCAL | <u> </u> | | | | | | | | | | |
| | | | | | NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party | | | | | | | | | | | | | | |
| | | Cod | Monto | od Malilan | in interest as shown t | | | and Tradem | ark Office. | | | | | | | | | | |
| Note: If this certificate of mailing is u | sed it can be used to tr | Certi anemit the leeu | o Foo | of Mailing | Donald T. | Blac | k Reg | . No. | 27,999 | | | | | | | | | | |
| Each additional paper, such as an as | ssignment or formal drag | wing, must have | a ite ou | m certificate o | of mailing | ioi aniy 0 | uloi accom | Janying P | apers. | | | | | | | | | | |
| I hereby certify that this corresponde | | | | | | netane no | first alass - | nail in | | | | | | | | | | | |
| | SSUE FEE | une emilea | Olaics | 1 OSIGI OCIVIO | se wan sumcera po | siaye as | III SI GIASS I | naii iri | | | | | | | | | | | |
| • | tant Commissioner for | r Patents | | | | | | | • | | | | | | | | | | |
| Wash | ington, D.C. 20231 | | | | | | | | | | | | | | | | | | |
| on: November 11, 1997 | | | | | | | | | | | | | | | | | | | |
| | | | | (Date) | | | | | | | | | | | | | | | |
| Donald T. Black (Na | | | | Name of person making deposit) | | | | | | | | | | | | | | | |
| | | | | Signature) | | | | | | | | | | | | | | | |
| November 11 1997 | | /P - 4 | | | | | | | | | | | | | | | | | |